

THE RESPONSIBILITY OF THE FEDERAL GOVERNMENT IN THE FIGHT AGAINST MENTAL ILLNESS

Speech by Congressman John E. Fogarty (D., R.I.)

At National Leadership Conference on Action for Mental Health

Tuesday Evening, March 6, 1962

Mayflower Hotel, Washington, D. C.

In 1953, as President of the American Psychiatric Association, Dr. Kenneth Appel called for a sweeping survey of the problem of mental illness in this country. Pointing out that more than half the hospital beds in America were occupied by mental patients, Dr. Appel said it was high time for a fresh look at the manner in which this democracy was attempting to cope with this enormous human and economic problem.

His eloquent call to action resulted in the formation of a non-governmental Joint Commission on Mental Illness and Health, with the American Psychiatric Association and the American Medical Association playing the key roles in its founding.

In 1955 the Congress passed legislation, which I was proud to co-sponsor in the House of Representatives, providing partial financial support to the Joint Commission in its work. We made it clear that we wanted this to be a completely independent and unfettered study; we made no conditions or restrictions other than the expressed hope that the Joint Commission would include as many representative national organizations as possible.

I am very proud of "Action for Mental Health", the final report of the Joint Commission on Mental Illness and Health. It represents six years of dedicated work on the part of individuals appointed by 36 prominent national organizations.

The Commission report doesn't pull any punches. It says that more than half of the patients in state mental hospitals are receiving no active treatment whatsoever.

It says that we are spending too little on treatment of the mentally ill - that for \$4.00 or \$5.00 a day we cannot perform any therapeutic miracles.

Most of all, I like the fact that the report states over and over again that to improve the care of the mentally ill and to restore many of them to productive living, all levels of government - federal, state and local - must join together in a united effort.

President Kennedy is deeply impressed with the Joint Commission report. In an Executive Order last Fall, setting up a panel composed of Secretaries Ribicoff and Goldberg and VA Administrator Gleason to recommend appropriate federal action to implement the major recommendations of the report, President Kennedy said:

"The Joint Commission report represents a significant assessment of the magnitude of the mental health problem with which we are confronted. As such, it deserves the close attention of all those responsible for the formulation of public policy in this area."

In developing their proposals, President Kennedy requested them to answer a series of questions, with key emphasis upon what the role of the federal government should be in the mental health field and what responsibility should remain with the states, localities and private groups.

We have been deeply conscious of this continuing problem in the Congress. Sixteen years ago, when I began my service on the House Appropriations Subcommittee on Labor-HEW, we created the National Institute of Mental Health. Since funds for the Institute were limited at that time, we asked it to concentrate its efforts upon three major needs in the field of mental illness - research, the training of desperately needed psychiatric manpower, and matching grants for the establishment of community mental health clinics.

During the past decade and a half, during which the programs of the National Institute of Mental Health have grown appreciably, a great deal of progress has been made.

For example, in the field of research, the introduction of the tranquilizing drugs has resulted in a sustained six-year drop in the number of patients hospitalized in our public mental hospitals. This is the first significant reduction in our mental hospital population load since the establishment of the first publicly supported mental hospital in Williamsburg in 1773.

Above all else, we have concentrated upon training psychiatric manpower. Receiving testimony each year that mental hospitals, clinics and other psychiatric facilities were desperately short of psychiatrists, psychologists, social workers, nurses and other therapists, we in the Congress have constantly added to the training recommendations of the Executive branch.

Without this training program, this country could have made little or no progress in treating mental illness. Since its inception, it has supported the training of approximately 10,000 people in all the major psychiatric disciplines. Starting with the undergraduate medical student and extending through career awards to distinguished research investigators, it has exerted a tremendous positive influence in this field.

Federal matching grants for the support of community mental health clinics have provided the seed money for the establishment of hundreds of new clinics in all parts of the country.

In the first years of the program, the federal government contributed \$2.00 for every \$1.00 allocated by the states or localities. Last year, in a community mental health program which had grown to a level of \$91 million, the federal contribution was only about \$6 million - less than 7% of the national expenditure in this area. It seems to me that this is an inspiring example of the stimulatory role played by the federal government - it provided the original impetus, but the states and localities moved in rapidly and soon assumed the major financial burden for support of these clinics.

But now we face an even greater and more exciting challenge. We know that hundreds of thousands of mental patients, formerly considered hopeless and therefore given only the barest of custodial care, can today be treated and returned to their families and loved ones if we apply the knowledge we have now accumulated.

This intensive treatment costs money. By way of illustration, the present average expenditure for patients in state mental hospitals is less than \$5.00 a day, as contrasted with more than \$13.00 for patients in our Veterans hospitals and more than \$25.00 for patients in our general hospitals.

In 1960, according to the National Institute of Mental Health, the fifty states spent more than \$1.3 billion for the maintenance and treatment of patients in public mental hospitals and in institutions for the mentally retarded. This staggering figure does not include mental hospital construction costs running well over \$100,000,000 a year.

In order to lift these state mental institutions to the level of true hospitals, the Joint Commission recommended a federal matching grant to the states for the improvement of the level of treatment for these patients.

Pointing out that it is impossible for state government to finance so vast a program, the Joint Commission report notes:

"It was a historic mistake to make the state alone virtually responsible for public care of its mentally ill residents. Relieving the local communities of all further concern, and until recent times sparing the federal government anything but peripheral involvement in the problem, their single source of financial support guarantees the isolation of state hospitals and the dumping ground effect we have stressed."

The proposal for a federal matching grant for the improvement of medical services to mental patients is anything but revolutionary.

In 1854, really just a few years before I became a member of the Appropriations Committee, the Congress passed legislation granting 12 million acres of Federal land to be deeded to the states for the purpose of aiding them in improving care in state mental institutions. The bill was vetoed by President Franklin Pierce, and the problem was thrust in even greater degree upon the states.

The Joint Commission proposal for matching grants does not envisage a crash program which would be wasteful in pouring monies into many areas with insufficient psychiatric manpower and facilities to spend these funds wisely. Time and time again, the report emphasizes that the federal share of the matching grant should be arrived at in a series of graduated, carefully planned steps over the period of a decade. It is important to note that the Joint Commission proposal offers an incentive to states and localities which adopt new treatment services, but it also aids these jurisdictions of government in bolstering their existing treatment services.

It would not relieve any segment of the government of its financial responsibility.

First of all, in noting that mental illness is the one large public health problem without any sizable federal grant for improvement of services to patients, it underscores the need for a degree of federal responsibility and involvement in this area.

The Commission proposal asks state governments to do much more than they have been doing. For example, it calls upon the states to develop experimental facilities - small intensive treatment hospitals, day and night hospitals, halfway houses, aftercare clinics - designed to eventually replace mental institutions of 1,000 beds or more.

It asks local governments, which in many states have used the public mental hospital as dumping grounds for their unwanted citizens, to provide expanded community psychiatric services. The report notes:

"The program would not only relieve the states of the sole responsibility for public care of the mentally ill, but it would also meet the great objection to federal aid to the states which is that it usurps or weakens local responsibility. Our proposal would encourage local responsibility of a degree that has not existed since the state hospital system was founded."

Those of us who participated in the creation of the Joint Commission on Mental Illness and Health have been delighted, and frankly somewhat amazed, at the enthusiastic response its final report has received.

Last November, the National Governors' Conference held a two-day meeting devoted entirely to a discussion of how the states could aid in achieving the objectives of the Commission report. I had the privilege of addressing that gathering and it was a deeply moving experience to share views with the Chief Executives of the states and the hundreds of other delegates present. At the close of the Conference, the Governors adopted a strong policy statement backing the major recommendations of the report and calling for the creation of a Standing Committee on Mental Health within the structure of the National Governors' Conference. I wish I had time to read to you the entire statement of the Governors, but I quote this brief excerpt as an example:

"We heartily commend the Joint Commission for an excellent study; we accept the findings that much remains to be done; and we endorse the concept that federal, state and local government, as well as private and voluntary efforts, must combine to achieve the goals we seek ... It is obvious that substantially greater sums must be appropriated by all levels of government to accomplish the objectives stated in this policy declaration."

Equally heartening has been the response of the leading medical and professional organizations in this country.

At its 1961 annual meeting, the Board of Trustees of the American Medical Association voted that the final report of the Joint Commission "be recognized as an historical

contribution to the promotion of mental health and prevention and care of mental illness and that it be considered as the basis for a program which the American Medical Association can endorse and support."

The American Medical Association has already held a three-day workshop on the report to which it invited leaders from many medical and professional organizations in the country, and it has scheduled its first National Congress on Mental Illness for October of this year.

Many other national organizations have devoted large amounts of time at their annual meetings to discussions of the Joint Commission report - the American Psychiatric Association, the American Public Health Association, the National Association for Mental Health and many others.

But I do believe that this is the most important conference of them all, for it brings together representatives from the major voluntary organizations in this country. In the final analysis, you will determine what we do at the federal level and at the state or local level, because the extent of your interest in this great problem will measure the boundaries of our action.

My experience in the field of mental retardation is proof, if any was needed, that an aroused and enlightened citizenry can accomplish great things in this democracy.

Just a few years ago, mental retardation was something one didn't talk about. Parents who had a mentally retarded child were ashamed to mention it. There was practically no research on the various forms of mental deficiency and an almost complete lack of training programs.

In 1955, I was asked to address a small organization in Rhode Island composed of the parents of mentally retarded children. On that occasion, I learned that there were

five million mental defectives in this country, and that 300 were born each and every day to American mothers.

We have come a long way since that time. Currently, we are spending approximately \$25 million at the federal level in the field of mental deficiency. Research aided by the Public Health Service has already developed corrective treatment for several types of mental deficiency previously regarded as hopeless. We now have a ten-year program for the training of teachers of the mentally retarded. We have aided also in the establishment of diagnostic clinics for evaluation of the mentally retarded and it is most heartening to note that there are 80 of these clinics today, whereas there were none less than a decade ago.

The states have moved even more rapidly than the federal government in this area. Forty-eight states now have legislation providing for special classes for the mentally retarded in the public schools - double the number of state programs which existed only a decade ago. In 1950, no state had passed legislation requiring local school districts to provide for the trainable mentally retarded - those who were not capable of receiving formal education but who could be trained for a special vocation. Today, more than 20 states provide such training for these children.

I cannot emphasize too strongly the point that none of these efforts would have come to fruition without a strong citizens movement. In 1950, when the National Association for Retarded Children held its organizational meeting, there were 40 parents of retarded children present. Today, there are more than 50,000 members of this organization in 1,000 local associations in every state in the country.

We have not licked the problem of mental retardation. We have just made a beginning.

page nine

The Joint Commission report gives us a golden opportunity to make such a beginning in the broader field of mental illness.

I would hope that everyone of you would go away from this leadership conference determined to mobilize your individual organizations into action groups to create a new day for the mentally ill, and by action I mean above all else contacting your state legislators, your Congressmen and your Senators and letting them know that you support increased appropriations for the mentally ill and that you are willing to pay additional taxes to accomplish these objectives.

If you do just that one thing, this conference will have been a tremendous success.